## **STATE OF MARYLAND**



## MARYLAND BOARD OF NURSING 4140 PATTERSON AVENUE BALTIMORE, MARYLAND 21215-2254

(410) 585-1900 (410) 358-3530 FAX (410) 585-1978 AUTOMATED VERIFICATION 1-888-202-9861 TOLL FREE

## **CHANGE OF NAME FORM**

PART I: Licensee/Certificate-Holder Information				
License/Certificate No.:		Social Security No.:		
E-mail address:		Phone Number:		
Address:	Street/Apartment No.)			
(	City	State	Zip Code	
PART II: Name Change				
Former Name:	<b>.</b>			
	Last	First	Middle	
New Name:				
	Last	First	Middle	
PART III: Documentation				
Please check which documentation you are submitting with this form:				
☐ Marriage certificate/abstract				
Divorce decree showing name change clause (judge's signature must be present)				
☐ Court Order indicating change of name				
Signature			Date	